

Prepared by and Return to:
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ATTORNEYS AT LAW
P. O. BOX 188
SOUTHAVEN, MS. 38671
(662-342-1300)

KATHRYN ELIZABETH SMITH
GRANTOR(S)

TO

QUITCLAIM DEED

KATHRYN ELIZABETH SMITH and
BRENDA K. JENKINS
GRANTEE(S)

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of all of which is hereby acknowledged, I, **KATHRYN ELIZABETH SMITH** do hereby quitclaim and convey all of my right, title and interest unto **KATHRYN ELIZABETH SMITH and BRENDA K. JENKINS as joint tenants with right of survivorship and not as tenants in common** the following described land and property situated in the County of DeSoto, State of Mississippi, being more particularly described as follows, to-wit:

Lot 724, Section "C", SOUTHAVEN SUBDIVISION, situated in Section 23, Township 1 South, Range 8 West, City of Southaven, DeSoto County, Mississippi as per plat of record in Plat Book 2, Pages 19-22 in the Chancery Clerk's Office of DeSoto County, Mississippi.

PARCEL #1086.2310-0 00724.00

The above property is the same property conveyed to Ralph Smith and wife, Kathryn Elizabeth Smith by Quitclaim Deed of record in Book 130, Page 585 in the Chancery Clerk's Office of DeSoto County, Mississippi. **Kathryn Elizabeth Smith also conveys her interest as sole survivor of Ralph Smith who passed on or about August 4, 1999.**

This conveyance is made subject to all applicable building restrictions, restrictive covenants and easements of record.

Possession of the premises is to be given by the Grantor to the Grantees, upon delivery of this Deed.

WITNESS my signature(s) this the 17th day of November, 2004.


KATHRYN ELIZABETH SMITH

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named, KATHRYN ELIZABETH SMITH who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 17th day of November, 2004.


NOTARY PUBLIC

MY COMMISSION EXPIRES: _____ MY COMMISSION EXPIRES 9-7-2007

PROPERTY ADDRESS: 1726 CARLA COVE, SOUTHAVEN, MS. 38671
GRANTOR'S & GRANTEE'S ADDRESS:
1726 Carla Cove
Southaven, Ms. 38671
Res# 662-393-7799
Bus# N/A
Bus# 901-396-2121



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

OK 487 PG 475
BK487 PG475

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) RALPH SMITH				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) AUGUST 4, 1999			
4. SOCIAL SECURITY NUMBER (of Decedent) 430-07-2930		5a. AGE LAST BIRTHDAY (Years) 81		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) AUGUST 31, 1917		7. BIRTHPLACE (City and State or Foreign Country) TUCKERMAN, ARKANSAS	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) METHODIST SOUTH HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS				9d. COUNTY OF DEATH SHELBY	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) KATHRYN GOODWIN		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) OWNER		12b. KIND OF BUSINESS/INDUSTRY SMITH GUARD & PATROL SERVICE			
13a. RESIDENCE-STATE MS		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 1726 CARLA COVE			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last) HORACE SMITH				18. MOTHER'S NAME (First, Middle, Maiden Surname) JENNY JOYCE KING					
19a. INFORMANT'S NAME (Type/Print) KATHRYN SMITH				19b. RELATIONSHIP TO DECEASED WIFE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1726 CARLA COVE. SOUTHAVEN, MS 38671			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MEMORIAL PARK CEMETERY		20c. LOCATION-City or Town, State MEMPHIS, TN			
21a. SIGNATURE OF FUNERAL DIRECTOR EILEEN PRITCHARD				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4187		21c. SIGNATURE OF EMBALMER CHARLES VINSON		21d. LICENSE NUMBER OF EMBALMER 3556	
22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK FUNERAL HOME, 5668 POPLAR AVE., MEMPHIS TN 38119				22b. LICENSE NUMBER OF FUNERAL HOME 522					
23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy				24. DATE FILED (Month, Day, Year) AUG 17 1999					
25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER 7632		25c. DATE SIGNED (Month, Day, Year) 8/13/99			
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. JOSEPH BLYTHE, 266 S. CLEVELAND, SUITE 203, MEMPHIS, TN 38104									
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. cardiac arrest DUE TO (OR AS A CONSEQUENCE OF): b. pulmonary fibrosis DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								Approximate Interval Between Onset and Death 10 min 1 yr	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

BIRTH NO.

RDA 1290